

2008 OUTSTANDING EMPLOYER OF THE YEAR AWARD NOMINATION FORM

These awards are offered for outstanding achievement in improving employment opportunities for persons with disabilities. **THREE** awards are given to employers.

- **ONE** is given to a small private employer (non-government).
- **ONE** is given to a large private employer (non-government).
- **ONE** is given to a public employer (local, county, state, or federal governmental entity) of any size.

NOMINEE'S NAME _____

BUSINESS ADDRESS _____
Address City Zip

BUSINESS PHONE _____

CHOOSE EMPLOYER CATEGORY ☐ PRIVATE EMPLOYER or ☐ PUBLIC EMPLOYER

TOTAL NUMBER OF EMPLOYEES _____ NUMBER OF EMPLOYEES WITH DISABILITIES _____

NUMBER OF EMPLOYEES HIRED LAST YEAR WITH DISABILITIES _____

THIS NOMINATION SUBMITTED BY _____
Name

ADDRESS _____

TELEPHONE _____ TITLE _____

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1. Describe the policies pertaining to employment of persons with disabilities that the nominee is using.

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2. What are the procedures and sources for outreach and recruitment, placement, training and career advancement of employees with disabilities? Is there participation in such projects as the Workforce Investment Act Programs, Transitional and/or Supported Employment Programs, and other government incentive programs?

 3. What special efforts are made to accommodate workers with severe disabilities? Give specific examples.

 4. Has there been any special orientation or training for supervisors to ensure an effective working relationship between supervisors and employees with disabilities?

 5. How does the employer ensure that employees with disabilities are fully included in the company's workforce?

 6. Has the nominee made an effort on the local, state, and/or national level to encourage other employers to hire people with disabilities?